U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

2. Fiscal Year Covered From:

O1 /01/04 Through: /2/3//04

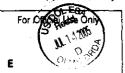
4. Name, file number, and address of labor organization.

Name Directors Guild of America

Labor Organization File Number 💍 🔘 🕡 —

P.O. Box, Building and Room Number, if any

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 3097_

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

Jesi A Benton

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

Street	7920 Sunse	et Blub	Street	7920	Sunset	Blud
City	Los Angles	,	City	Los Are	geles	
State	Ca	ZIP Code + 470046	State	CA		ZIP Code + 4 90046
5. Positio	on in labor organization.					
Ente	r appropriate data below if, during	the past fiscal year, you or your (except as specified in the				the following interests
A. Held monetai	an interest in, engaged in trans- ry value from an employer who	actions (including loans) with	, or derived in zation repre	come or other eco	nomic benefit of seeking to repres	ent.
Name and address of Employer (including trade name, if any).			7.a. Nat	ure of Interest, Trans	action, or Income.	
Name						
Trade N	lame, if any:					
P.O. Box, Bidg., Room No., if any						
C			7.b. Ame	ount,		
Street						
City		· ·				
State		ZIP Code + 4				
Signature						
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submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

File Number U-

000-01

	430 92
B. Held an interest in or derived income or economic benefit with monetary va- substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street	
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZiP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Nigro Karlin and Segal (firm)	christmas
Trade Name, if any: (NKS)	auct \$7500
P.O. Box, Bldg., Room No., if any	J. M.
street 10100 Santa Momica BIVD City 105 Angelos	Call Carlo
City I as Angelos	(co-page)

14.b. Amount of payment.

\$75.00

ZIP Code + 4 90067

or Consultant

13.b. is the Business an Employer

State